3677 # #5 PATENT

O Practitioner's Docket No. 492.166

MAR 1 0 2003 🛣

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In responding Interest Inte

Alan F. Savicki

Application No.: 09/979,521

Group No.: 3677

Filed: 11/19/2001

Examiner: J.R. Brittain

For: CLOSURE DEVICE

Commissioner for Patents Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

RECEIVED MAR 1 7 2003

STATUS

GROUP 3600

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

TRANSMISSION

G facsimile transmitted to the Patent and Trademark Office, (703) _____-

Signature

Date: March 3, 2003

Toni Sampson

(type or print name of person certifying)

^{*} Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Co	ol. 2)	(0	Col. 3)	(OTHER THAN A SMALL ENTI				ENTITY
	CLAIMS										
	REMAINING	HIGHEST NO. PREVIOUSLY PAID FOR									
	AFTER			PRESENT					ADDIT.		
	AMENDMENT			EXTRA		RATE			FEE		
TOTAL	69	_	70	=	0	x	\$	18.00	=	\$	0.00
INDEP.	10	_	4	=	6	x	\$_	84.00	=	\$	504.00
								***Multi			
								dependent			
claim											
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM +							\$_	CO***	=		0.00
								TOTAL			
							Α	DDIT. FEE		\$	504.00

Total additional fee for claims required \$504.00

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$504.00 to Deposit Account No. 03 2270.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. An additional fee for claims is required, charge Account No. 03 2270.

Date: 3/3/2003

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